

RECEIVED

STATE OF SOUTH DAKOTA

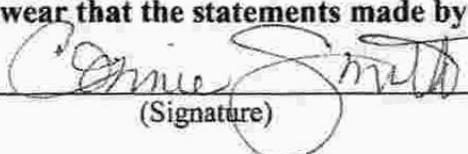
Statement of Legal Newspaper Ownership and Circulation

DEC 08 2023

SD Secretary of State

1. TITLE OF NEWSPAPER		Lakota Times		2. DATE	10-1-23
3. FREQUENCY OF ISSUE		3A. NO. OF ISSUES PUBLISHED ANNUALLY	52	3B. ANNUAL SUBSCRIPTION PRICE \$ 65	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 29263 SD Hwy 73, Box 386, Martin, SD 57551 Bennett, Oglala Lakota					
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 29263 SD Hwy 73 Box 386 Martin, SD 57551					
6. FULL NAME OF PUBLISHER: Connie Louise Smith					
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) Thunderbird Media Inc. 29263 SD Hwy 73 Box 386 Martin, SD 57551					
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) none					
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE		
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		4002	4002		
B. PAID AND/OR REQUESTED CIRCULATION		2220	2220		
1. Sales through dealers and carriers, street vendors, and counter sales.		1062	1062		
2. Mail Subscription (Paid and or requested)		202	202		
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		3484	3484		
D. FREE DISTRIBUTION		250	250		
1. BY MAIL, CARRIER OR OTHER MEANS		100	100		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		3484	3484		
F. COPIES NOT DISTRIBUTED		48	48		
1. Office use, left over, unaccounted, spoiled after printing		120	120		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)		4002	4002		

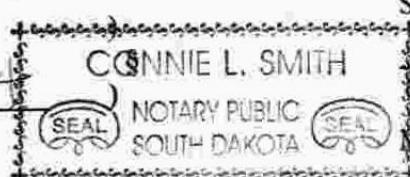
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


(Signature)

OWNER
(Title)

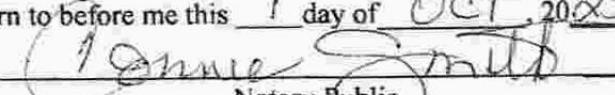
State of South Dakota

County of Bennet



(Seal)

Sworn to before me this 1 day of OCT, 2023


Notary Public

My commission expires: 12-26-26